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APPLICANTS

David A. Salgado, Victor, NY;

** CONTINUING DATA *****

None MB

** FOREIGN APPLICATIONS *****

None MB

IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<u>Michael Sharpe</u> MB Examiner's Signature Initials				

ADDRESS

Albert P. Sharpe, III, Esq.
 Fay, Sharpe, Fagan
 Minnich & McKee, LLP
 1100 Superior Avenue, 7th Floor
 Cleveland, OH 44114-2518

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